CLAIMS ONLY				Application Number		Filing Date
				Applicant(s)		

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend								
①⑦	1						51							
2							52							
3		1					53							
4		3					54							
5		4					55							
6		1					56							
7		4					57							
8		1					58							
9		1					59							
10		1					60							
11		10					61							
12		10					62							
13							63							
14		2					64							
⑮	1						65							
16		1					66							
⑰	1						67							
18		19					68							
19		1					69							
⑳	1						70							
㉑	1						71							
22.		1					72							
23		1					73							
24		1					74							
25		1					75							
26		1					76							
27		1					77							
28		1					78							
29		1					79							
30		1					80							
31		1					81							
32		1					82							
33		1					83							
34		1					84							
㉟	1						85							
36		1					86							
㊲	1	1					87							
38		1					88							
39		1					89							
㊵	1						90							
41		1					91							
㊷		1					92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	5						Total Indep							
Total Depend	17						Total Depend							
Total Claims	22						Total Claims							